

NOTICE OF TERMINATION

Ref: Sections 628.11 and 601.42 (1) (a), Wis. Stat.
Section Ins 6.57, Wis. Adm. Code

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
agentlicensing@oci.state.wi.us

INSTRUCTIONS: Type or print all required information into space provided and return to above address. This form must be filed within 15 calendar days following agent termination. Submission of this form constitutes company certification that each agent was properly appointed with your company. No fees are required for terminations. Fill in date of mailing at bottom of page. Validation and reject reports will be mailed directly to the company address on file. If a report is not received by your company on any or all agents identified within 30 days, please resubmit.

Company Name	NAIC Number
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Agent Name(s): Last, First, Middle Initial	Appointment Types*	Social Security Number	Termination/ Problem Code(s)**

* LI: Life | AH: Accident & Health | PROP: Property | CAS: Casualty | PPC: Personal Lines P&C |
LGLEXP: Legal Expense | CRDT: Credit | TI: Title
** Follow instructions on reverse side.

Date Mailed _____

INSTRUCTIONS FOR COMPLETION OF NOTICE OF TERMINATION FORM

List all codes describing complaints received or problems experienced by your company involving the agent(s) and all codes indicating reason(s) for termination.

If any of the codes CC or CI are identified, complete explanations and documentation must be attached to this form. This documentation need not prove violations, but should include situation where possible violations exist.

The Office of the Commissioner of Insurance will investigate these situations and take appropriate action based upon the investigation. Section 601.42 (6), Wis. Stat., provides immunity for the insurer from an action for damages or defamation in the absence of actual malice, as a result of filing this report.

If your company discovers any problem regarding an agent following submission of this form, supplemental information, including documentation must be promptly forwarded to the Agent Licensing Section.

If DECD is identified, additional documentation must be attached to substantiate the death such as an obituary, newspaper article, death certificate, or a letter from the company identifying the date of death.

CODES FOR PROBLEMS EXPERIENCED AND TERMINATION INFORMATION

CN	Canceled
CC	Canceled for Cause
CL	Company Defunct or Liquidation
CI	Company Indebtedness
CM	Company Merger
DECD	Deceased
IP	Inadequate Production
RV	Revoked
SC	Suspended for Compliance
VS	Voluntary Surrender per Agent Request